

Foster Family Home - Corrective Action Report

Provider ID: 1-634437

Home Name: Priscilla Tagata, CNA

Review ID: 1-634437-6

99-466 Ulune Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 1/11/2019

Foster Family Home

Required Certificate

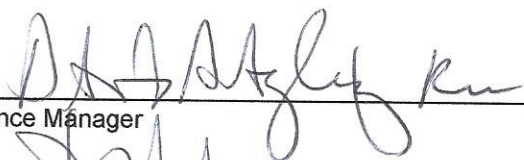
[11-800-6]

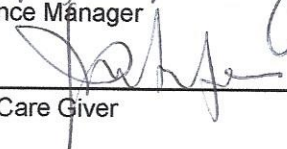
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/11/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date